Department of Labor and Industries WISHA Services Division PO Box 44640 Olympia WA 98504-4640

## ACCIDENT PREVENTION PROGRAM ANALYSIS (cont.)

## III. SUMMARY OF EVALUATION AND RECOMMENDATIONS

All items rated 1 or 2 in Section II must be listed here in sufficient detail to clearly show the deficiency and appropriate recommendations for improvement (e.g., if PPE is lacking, show the PPE involved and the specific problem with it). Include any other recommendations or comments that will assist the employer in reducing injuries or accidents. Comments concerning commendable areas of the employer's program may also be included.

	IV. APPROVALS	
1.	This firm meets current accident prevention requirements.  Yes No	Education Rep Signature
2.	Supervisor's signature indicates that the report contents are adequate and acceptable.	Supervisor Signature
	1	

Remarks: